Effective October 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TO	OTAL CLAIMS	j	R	R		·	1	RATE	FEE	7	RATE	FEE	
FC	OR		NUMBER	NUMBER FILED		BER EXTRA		BASIC FE	€ 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			12 minus 20=		•			X\$ 9=		OR	V240		
INDEPENDENT CLAIMS			/ minus 3 =		*	1		X43=	+	1	Voc	 	
		NDENT CLAIM PI	L		<u> </u>			A43=	 	OR	X86=		
1/								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							_	TOTAL	385	OR	TOTAL		
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	.20	Minus	-27	Ø	=		X\$ 9=	•	OR	X\$18=		
AME	Independent	. 2	Minus	 3	<u>)</u>	= /		X43=		OR	X86=		
لــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /							+145=		OR	+290=		
								TOTAL			TOTAL ADDIT, FEE	 	
		(Column 1)		(Colum	nn 2)	(Column 3)	~	DDIT. FEE		,	ADDII. PCE		
8		CLAIMS		HIGHEST					ADDI-	ır		ADDI-	
N	1	REMAINING AFTER AMENDMENT	1	PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
AMENOMENT	Total		Minus	##	<u>Un</u>	=		X\$ 9=	FEL		X\$18=	FEE	
MEN	Independent	•	Minus	***		=	-			OR			
₹	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	TIPLE DEPENDENT C			H	X43=	 	OR	X86=	<u> </u>	
				•			Ĺ	+145=		OR	+290=	•	
							Αľ	TOTAL DDIT. FEE		OR A	TOTAL ADDIT, FEE		
	- <u></u>	(Column 1) (Column 2) (Column 3)											
ပ		CLAIMS HIGHEST REMAINING NUMBER		ST	PRESENT	Г		ADDI-	Г		ADDI-		
		AFTER AMENDMENT	i	PREVIOL PAID FO	USLY	EXTRA	Ì	RATE	TIONAL FEE	1	RATE	TIONAL FEE	
AMENDMENT	Total		Minus	**,		= .		X\$ 9=		OR	X\$18=		
Ř Ž	Independent	*	Minus	***		=	┢						
_ ۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=		
* If the code in column 1 is loss than the code is sale and is sale and								+145=		ОЯ	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR TOTAL ADDIT. FEE OR ADDIT. FEE													
		mber Previously Pail ther Previously Paid						d in the ann	raariata kau				